



Open Enrollment is from Oct 15 – Dec 7<sup>th</sup>  
MAOEP January 1<sup>st</sup> - March 31<sup>st</sup>

Special Needs Plans C-SNP, D-SNP & PACE Comparisons – Stanislaus County – January 1, 2026 Final

| <br>3500 Coffee Road<br>Suite 19<br>Modesto, CA 95355<br><br>209-558-4540 | Original Medicare<br><br>2026 Medicare<br><br>1-800-633-4227<br><br>Plan Name | Alignment Health Plan<br>1-888-979-2247<br>209-663-3105<br>209-268-8128<br><br>Doctors, Emanuel Hospitals<br><br>AllCare |  |                              |                              | Central Health Embrace Care Plan<br><br>1-888-714-7550<br><br>Doctors, Emanuel, Memorial, Oak Valley Hospitals<br><br>Central Valley Medical Group, | SCAN Health Plan<br><br>1-888-315-7226<br>916-207-8922<br>209-281-1442<br><br>Doctors, Emmanuel, Memorial, Oak Valley Hospitals<br><br>Allcare, Central Valley Medical Group |   |
|--|---|--|--|------------------------------|------------------------------|---|--|---|
|  |   | Heart & Diabetes Care HMO C-SNP (048)  | Heart & Diabetes CalPlus HMO C-SNP (039) | BreathEasy HMO C-SNP (041)   | Clarity HMO C-SNP (042)      | Embrace HMO C-SNP (025-3)   | Balance HMO C-SNP (070)  | Strive HMO C-SNP (098)  |
| Monthly premium  | Part B Premium<br>\$202.90  | \$0 + B  | \$0 + B                                  | \$0 for full duals           | \$0 for full duals           | \$0 + B   | \$0 + B  | \$0 + B   |
| Hospital coverage<br>First 60 days<br>Day 61-90<br>Day 91-150  | Part A Premium<br>\$565<br>Deductible \$1,736                                 | \$100 per day 1-5<br>\$0 beyond unlimited days   | \$0 unlimited for full duals             | \$0 unlimited for full duals | \$0 unlimited for full duals | \$0 days 1-5<br>\$150 per day 6-9<br>\$35 per day 10-90   | \$0 (Unlimited Days)   | \$0 per day 1-60<br>\$419 per day 61-90<br>\$838 per day 91-150 |
| Physicians Specialists   | \$283 B Deductible<br>20%<br>20%  | \$0<br>\$0   | \$0 for full duals                       | \$0 for full duals           | \$0 for full duals           | \$0<br>\$0  | \$0<br>\$0   | \$0<br>\$0  |
| Outpatient Hospital/ Surgery Center  | varies by service   | \$200<br>\$100   | \$0 for full duals                       | \$0 for full duals           | \$0 for full duals           | \$0 - \$150<br>\$0 - \$100  | \$0  | 20% of total cost<br>*waived for full duals                     |
| Emergency ambulance<br>Emergency Room copay  | 20%<br>20%  | \$100*<br>\$120*   | \$0 for full duals                       | \$0 for full duals           | \$0 for full duals           | \$0-\$200<br>\$150*   | \$100<br>\$95*   | 20% total cost (up to \$115)<br>*waived for full duals          |
| Durable Med Equip<br>i.e. wheelchair, walker etc.  | 20%   | \$0 (\$500 or less) -<br>20% (\$500.01 or more   | \$0 for full duals                       | \$0 for full duals           | \$0 for full duals           | \$0 - 20%   | \$0 (\$99)<br>20% (\$100)  | 0% - 20%<br>*waived for full dual                               |
| Lab work/ x-rays,<br>Diagnostic Tests (like EKG)   | 20%   | \$0/ \$0/ \$0  | \$0 for full duals                       | \$0 for full duals           | \$0 for full duals           | \$0/ \$0/ \$0   | \$0/ 20%   | \$0/ 20%<br>*waived for full dual                               |
| Prescription drugs<br>Tier level = T 1-3 copays<br>T 4-6 not listed  | Private Part D 12 Plans (PDP)<br>Plan Premiums<br>\$0 - \$227.80              | T1 \$0<br>T2 \$5<br>T3 \$30  | T1 \$0<br>T2 -T3 LIS level               | T1 \$0<br>T2 -T3 LIS level   | T1 \$0<br>T2 -T3 LIS level   | T1 \$0<br>T2 15%<br>T3 15%  | T1 \$0<br>T2 \$0<br>T3 \$42  | T1 \$0<br>T2 \$0<br>T3 24%<br>\$0 full LIS                      |
| Skilled Nursing/Rehab  | Copay \$0 1-20<br>\$217 per day 21-100  | \$20 per days 1-20<br>\$100 21-100<br>Rehab \$0  | \$0 for full duals                       | \$0 for full duals           | \$0 for full duals           | \$0 Days 1-20<br>\$209.50 per day 21-100  | \$0 days 1-20<br>\$50 copay days 21-100  | \$0 days 1-20<br>\$209.50 copay days 21-100                     |
| Transportation   | Not Covered   | Yes  | Yes                                      | Yes                          | Yes                          | Yes   | Yes  | Yes   |
| Dental/Vision/Hearing  | Not Covered   | Yes/Yes/No   | Yes/ Yes/ Yes                            | Yes/ Yes/ Yes                | Yes/ Yes/ Yes                | Yes/Yes/Yes   | Yes/Yes/Yes  | Yes/Yes/Yes   |
| Out of pocket (OOP) except Rx  | N/A   | \$1,990  | \$9,250                                  | \$9,250                      | \$9,250                      | \$1,900   | \$750  | \$9,250   |

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|---|--|--|---|--|--|---|--|
| <div><p>3500 Coffee Road<br/>Suite 19<br/>Modesto, CA 95355</p><p><b>209-558-4540</b></p></div> | <div>Original Medicare</div> <div>2026 Medicare</div> <div>1-800-633-4227</div> <div>Plan Name</div> | <div>Health Plan of San Joaquin<br/>Mountain Valley Health Plan</div> <div>1-855-973-2273</div> <div>Doctors, Emanuel, Memorial,<br/>Oak Valley Hospitals<br/>Allcare, Central Valley<br/>Medical Group, Sutter</div> <div>Advantage D-SNP<br/>(HMO 001-0)</div> | <div>Imperial Health Plan</div> <div>1-800-838-5914<br/>1-800-838-8271</div> <div>Doctors, Emanuel,<br/>Oak Valley Hospital</div> <div>AllCare</div> <div>Imperial Senior Value<br/>HMO C-SNP (005)</div> | <div>Kaiser Permanente Senior<br/>Advantage</div> <div>1-888-448-9400<br/><br/>209-518- 8190</div> <div>Kaiser Permanente<br/>Medical Center</div> <div>Dual Complete<br/>Medicare/Medi-Cal Plan</div> | <div>WellCare By Health Net</div> <div>1-844-480-0680</div> <div>Doctors, Emanuel,<br/>Memoria, Oak Valley<br/>Hospital</div> <div>Allcare,<br/>Central Valley<br/>Medical Group</div> <div>Wellcare Dual Align<br/>(HMO D-SNP H3561-008)<br/>\$0 SOC Medi-Cal</div> | <div>Central Valley PACE</div> <div>209-724-6000</div> <div>Doctors, Emanuel,<br/>Oak Valley Hospitals</div> <div>Program for All-<br/>Inclusive Care for the<br/>Elderly</div> <div>Central Valley<br/>Stanislaus County</div> | <div>WelbeHealth PACE</div> <div>209-442-6077<br/>209-264-8095</div> <div>Doctors, Emanuel, Memorial<br/>Hospitals</div> <div>Program for All-Inclusive<br/>Care for the Elderly<br/>Sutter Health</div> <div>WelbeHealth serves most zip<br/>codes in Stanislaus<br/>County</div> |
| Monthly premium   | Part B Premium<br>\$202.90   | \$0  | \$0<br>\$25 reduction   | \$0 if Full Dual   | \$0  | \$0 (FBDE) SOC  | \$0 (FBDE) SOC   |
| Hospital coverage<br>First 60 days<br>Day 61-90<br>Day 91-150   | Part A Premium<br>\$565<br>Deductible \$1,736  | \$0 days 1-90  | \$0 days 1-90   | \$0 if Full Dual   | \$0  | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Physicians<br>Specialists   | \$283 B Deductible<br>20%<br>20%   | \$0<br>\$0   | \$0<br>\$0  | \$0 if Full Dual   | \$0<br>\$0   | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Outpatient Hospital<br>services/surgery   | varies by service  | \$0  | \$100   | \$0 if Full Dual   | \$0<br>\$0   | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Emergency ambulance<br>Emergency Room Copay   | 20%<br>20%   | \$0<br>\$0   | \$150 *<br>\$125*   | \$0 if Full Dual   | \$0<br>\$0   | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Durable Med Equip<br><i>i.e. wheelchair, walker etc.</i>  | 20%  | \$0  | 20%   | \$0 if Full Dual   | \$0  | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Lab work/ x-rays,<br>Tests (like MRI)   | 20%  | \$0 / \$0/ \$0   | \$0 / \$0 / \$0   | \$0 if Full Dual   | \$0 / \$0 / \$0  | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Prescription drugs<br>Tier level = T 1-3 copays<br>T 4-6 not listed   | Private Part D 12<br>Plans (PDP)<br>Plan Premiums<br>\$0 - \$227.80                                  | T1 - \$0<br>T2 \$1.60 or \$5.10<br>T3 \$4.90 or \$12.65  | T1 - \$0<br>T2 - \$6<br>T3 - \$45   | \$0  | T1 \$18<br>T2 \$19<br>T3 20%   | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Skilled<br>Nursing/Rehab  | Copay \$0 1-20<br>\$217 per day<br>21-100  | \$0 per day 0-100  | \$0 per day 1-20<br>\$100 per day 21-50<br>\$200 per day 51-100   | \$0 if Full Dual   | \$0 per day 1- 20<br>\$0 per day 21-70<br>\$0 per day 71-100   | \$0 for Full Duals<br>Contact Plan  | \$0 for Full Duals<br>Contact Plan   |
| Transportation  | Not Covered  | Yes  | Yes   | Yes  | Yes  | Yes   | Yes  |
| Dental/Vision/Hearing   | Not Covered  | No/Yes/Yes   | Yes/ Yes/ Yes   | Yes/Yes/yes  | Yes/ Yes/ Yes  | Yes/Yes   | Yes/Yes/Yes  |
| Out of pocket (OOP) Annual<br>limit – except Rx   | N/A  | \$9,250  | \$296   | \$0 OOP (FBDE) or<br>\$9,250   | \$0 OOP (FBDE) or<br>\$9,250   | \$0 FBDE  | \$0 FBDE   |